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Canadian Network for Health in All Policies Inaugural Meeting

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FOREWORD

This publication by the National Collaborating Centre for Healthy Public Policy (NCCHPP) is intended for public health actors working on or interested in Health in All Policies (HiAP) or HiAP-inspired approaches. Ito provides an overview and a summary of the main discussions that took place during the inaugural meeting of the Canadian Network for Health in All Policies (CNHiAP), held on September 19 and 20, 2023 in Montréal. It was developed as part of the NCCHPP's regular scientific programming.

The NCCHPP is a hub of expertise and knowledge sharing in the area of healthy public policy. Its mandate is to support public health actors across Canada in their efforts to develop and promote healthy public policies. The NCCHPP fulfills this mandate by developing, synthesizing and sharing knowledge, by targeting research gaps and by fostering the development of networks connecting public health professionals, researchers and decision makers across Canada.

The NCCHPP is part of a network of six National Collaborating Centres for Public Health across Canada funded by the Public Health Agency of Canada. Its scientific programming is informed by analysis of Canada's public health actors' knowledge needs, and guided by a pan-Canadian advisory committee. The NCCHPP is hosted by the Institut national de santé publique du Québec.

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SUMMARY

Improving population health and reducing health inequities require concerted policy action from all government sectors and levels. This is the bedrock of Health in All Policies (HiAP), an approach aimed at enhancing population health and health equity by emphasizing the need for all sectors to systematically take into consideration the impacts of their decisions on health, to seek synergies, and avoid adverse effects on health.

The Canadian Network for Health in All Policies (CNHiAP) was launched in December 2022 in response to calls for action in this area made by participants attending the first pan-Canadian meeting on HiAP in 2019. This endeavour also falls squarely within the mandate of the National Collaborating Centre for Healthy Public Policy (NCCHPP) to support Canadian public health actors in their efforts to develop and promote healthy public policies.

In September 2023, the CNHiAP held its inaugural meeting, bringing together public health actors from across Canada. The objectives of the two-day event were threefold:

- Bring together the inaugural members of the CNHiAP and set the scene for the Network's work;
- Discuss and confirm work priorities for the Network; and
- Discuss how members can work together.

The meeting encompassed thematic panel presentations, discussions with panellists, interactive group activities, and opportunities to network.

The main themes discussed in the meeting revolved around:

- The Network's mandate and initial activities;
- How to integrate First Nations, Inuit and Métis forms of knowing and governing into the Network's work;
- Competencies and tools for policy work;
- The challenges of measuring and evaluating HiAP; and
- Knowledge mobilization for HiAP: synergies between practice and research.

To sum up, the CNHiAP inaugural meeting brought together the inaugural members of the Network, allowed for discussion and confirmation of work priorities for the Network, informed discussions on themes relevant to HiAP implementation and helped identify best practices for collaborative work.

1 INTRODUCTION

This report presents an overview and a summary of the main discussions that took place during the CNHiAP inaugural meeting.

1.1 Background

Policies from sectors other than health may significantly influence population health and health equity outcomes (World Health Organization, n.d.). Endorsed by the World Health Organization (WHO), the Health in All Policies (HiAP) approach acknowledges that health is largely created outside the health sector and thus reinforces the notion that health considerations ought to be integrated into the decision-making processes of all government sectors and levels (Baum et al., 2013). More specifically, HiAP has been defined as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity" (World Health Organization, 2014, p. i17).

As part of its mission to support public health actors across Canada in their efforts to develop and promote healthy public policies, the National Collaborating Centre for Healthy Public Policy (NCCHPP) has developed a series of publications, symposiums, workshops, presentations, and webinars dedicated to HiAP. Pursuant to work in this area, the Centre launched the Canadian Network for Health in All Policies (CNHiAP) in December 2022.[1] The Network is the result of work begun in 2019 when, in partnership with the Public Health Agency of Canada (PHAC) and the Ministère de la Santé et des Services sociaux du Québec, the Centre convened the first pan-Canadian meeting on HiAP[2] as a side event of the second meeting of the Global Network for Health in All Policies (GNHiAP).[3]

Building on the priority action areas identified during this meeting and on the interest expressed by participants in continuing to share HiAP knowledge, the NCCHPP, in partnership with PHAC, began preliminary work to set up a Network that could act as a vehicle for HiAP knowledge sharing and mobilization. This process included conducting consultations[4] on the relevance, potential scope, and main objectives of such a Network, as well as convening an Advisory Committee to establish the foundations of the Network.

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1 To learn more about the CNHiAP, visit: https://ccnpps-ncchpp.ca/canadian-network-for-health-in-all-policies-cnhiap/.

2 Details of the Pan-Canadian Meeting on Health in All Policies and the meeting report are available here: https://ccnpps-ncchpp.ca/pan-canadian-meeting-on-health-in-all-policies-hiap/.

3 To learn more about the GNHiAP visit: https://actionsdg.ctb.ku.edu/.

4 To access the consultation report, visit: https://ccnpps-ncchpp.ca/developing-a-canadian-network-for-health-in-all-policies-consultations-with-actors-from-canada-and-abroad/.

The goal of the Network is to facilitate the adoption and implementation of HiAP approaches across Canada through knowledge mobilization.

To work towards this goal, the Network has four overarching objectives:

1. To expand knowledge about HiAP implementation in Canada;
2. To facilitate partnerships between public health actors working on, or interested in, HiAP;
3. To support capacity building for HiAP among public health actors in Canada; and
4. To work with First Nations, Inuit and Métis partners towards developing HiAP approaches that recognize and incorporate their ways of knowing and governing.

To support these objectives, activities will be developed within each of four workstreams:

1. Identifying, documenting and disseminating HiAP initiatives in Canada;
2. Creating a space for partnership development among actors working in or interested in HiAP;
3. Supporting access to and use of resources and knowledge development applicable to HiAP; and
4. Exploring the best approach or approaches to ensuring that the Network's activities are appropriate, respectful, and relevant for First Nations, Inuit, and Métis governments and organizations (cross-cutting stream).

These workstreams were discussed with the members during the meeting and the main discussion points are summarized in Section 2.3.

The Network's goal, objectives and workstreams were endorsed by a Steering Committee, convened by the NCCHPP. The Steering Committee's role is to provide strategic guidance for the Network.[5] The list of the Steering Committee members is available in Appendix A.

The Committee also worked throughout the early months of 2023 to support the planning of the Network's inaugural meeting. This meeting was held in Montréal on September 19-20, 2023 and brought together the inaugural members of the Network which included public health practitioners, academics, First Nations, Inuit and Métis organizations or governments, and non-governmental organizations.

[5] For more information on the CNHiAP governance structure, visit: https://ccnpps-ncchpp.ca/structure-cnhiap/.

1.2 Meeting objectives and program overview

The objectives of the CNHiAP inaugural meeting were to:

- Bring together the inaugural members of the CNHiAP and set the scene for the Network's work;
- Discuss and confirm work priorities for the Network; and
- Explore how members of the Network can work together.

The meeting unfolded over two days. During this time, participants had the opportunity to attend thematic panel presentations, engage in discussions with panellists, participate in interactive group activities, and take part in networking activities. The meeting agenda and the profile of participants are presented in appendices B and C respectively.

2 WHAT WE HEARD

This section provides a summary of the exchanges that took place in each of the sessions, which were dedicated to discussing various themes relevant to HiAP practice, the Network's goal and scope of activities, and the ways members can work together.

All PowerPoint presentations from the meeting are available online on the Network's webpages at: https://ccnpps-ncchpp.ca/first-meeting-of-the-canadian-network-for-health-in-all-policies-cnhiap/.

2.1 The Network's foundations and mandate

The first presentation was given by the NCCHPP's Natalia Carrillo Botero and Camille Mercier, who provided an overview of the Network's creation, primary goal, overarching objectives, workstreams, governance structure, and membership.

Participants' comments and questions relating to this session pertained to both Network membership and goal/objective attainment.

Membership

- While there was agreement that membership should be limited to those working within the public health sector in the first stages of the Network's existence, participants felt that membership should be opened to other sectors over time. This would enable current members to learn about the priorities of other sectors and establish how all sectors can collaborate.
- Participants felt that limiting membership was the most appropriate option for facilitating the establishment and development of the Network and that a smaller membership would help establish a safe space in which members could exchange. However, participants also felt that assessing who was missing from the Network was important and that this should be part of the Steering Committee's work for the coming year.

Goal and objectives

- To measure progress over time, participants indicated that it would be important to determine how to assess whether the Network's goal was being achieved. Some participants also emphasized that the primary goal of the Network, which is to facilitate, through knowledge mobilization, the uptake and implementation of HiAP approaches in Canada, should be understood as an ongoing process rather than a definitive endpoint. Thus, the Network ought to focus on documenting progress, notably via the activities implemented under each of the Network's workstreams. Some participants also mentioned that assessing

substantial progress will take a considerable amount of time (i.e., years), and that the Network needs to keep this in mind.

2.2 The challenges of implementing HiAP in public administrations

While HiAP approaches offer significant opportunities to address the social determinants of health, they also face implementation challenges. To highlight these challenges, Professor Carole Clavier was invited to present on challenges associated with the complexity of public administration environments and the processes and governance structures in place within these environments.

The presentation highlighted the fact that implementing HiAP is a political activity strongly influenced by contextual factors. It specifically addressed challenges relating to legitimacy; to governance and implementation; and to context:

- Regarding legitimacy, it was pointed out that during the policy agenda-setting process, public health actors are competing with other policy issues, and they may struggle to establish the priority of health promotion over other pressing issues.
- Concerning governance and implementation, it was explained that because HiAP necessitates working across sectors and requires governance structures to support such intersectoral collaboration, HiAP implementation may require revisiting power structures, rules, and resources, including budget allocations and accountability, which may give rise to tensions and conflicts.
- Relative to context, it was noted that implementation of HiAP initiatives is influenced by both a history of past collaborations between the actors involved and changing government priorities over time. Depending on the situation, these two factors can be either facilitators or obstacles.

Discussion centered on the ways in which public health actors can navigate changing political environments, while ensuring HiAP continuity, exerting influence on higher levels of government, and extending influence to government sectors other than public health.

<u>Navigating through changes</u>

- Despite changes in government or in political directions within the same government, there are opportunities to maintain continuity for HiAP approaches. Indeed, many actions taken by new governments are dictated by choices made by previous ones. Within this context, maintaining political momentum for HiAP during periods of governmental change can be accomplished by identifying and focusing on key factors that have led to successful HiAP initiatives in the past.

- The Network can help support public health actors in developing the skills needed to navigate changing and complex political environments.

Influencing government at all levels

- Increased interest in HiAP at the local level, where the leadership is best positioned to operationalize action on the social determinants of health, may influence how the approach is perceived at higher levels of government. Municipalities can exert pressure on other levels of government, increasing public awareness/acceptability of HiAP and capturing the interest of policy makers beyond the local level.

Influencing other government sectors

- Positioning HiAP as a win-win approach for all government sectors is key to fostering by-in for the approach. Therefore, it was deemed critical that public health actors successfully convey to other sectors how HiAP can directly benefit their sectoral objectives and priorities.
- Having a long-term perspective is important. During discussions with other sectors about adopting a HiAP approach, public health actors must keep in mind that even if a ministry, organization, or department may be unwilling to adopt this approach in the short term, their perspective may evolve over the medium and long term.

2.3 Workstreams and initial activities

During this session, participants were invited to engage in an interactive activity aimed at fostering a better understanding of the Network's four workstreams and their proposed initial activities. Participants were also asked to suggest other potential activities for each of the workstreams and to comment on how they wish to contribute to selected workstreams. Below is a summary of the main recommended actions for the Network.

2.3.1 Workstream 1: Identify, document, and disseminate HiAP initiatives in Canada

Key recommendations for this workstream were centered around the methodology required for mapping HiAP initiatives in Canada.

- Formulate a clear and inclusive definition of HiAP before carrying out any mapping activity.
- Map HiAP case studies occurring at all levels of government. These case studies should include both successful and less successful initiatives.
- Develop a standardized case study template. Among other elements, this template should pinpoint contextual factors influencing outcomes, underlying mechanisms, impacts, lessons learned, and related tools.

- Use a snowball sampling approach to identify HiAP initiatives, where public health actors filling out the template would invite other public health actors involved in HiAP initiatives to do the same.
- Ensure mapping is kept up to date.
- Encourage verbal exchanges to allow for discussion of HiAP initiatives embedded in contexts that are not suitable for written documentation (e.g., less successful initiatives and sensitive contexts).

2.3.2 Workstream 2: Create a space for partnership development among actors working in or interested in HiAP

Key recommendations for this workstream were centered around actions for strengthening connections among members and around the importance of communicating and building relationships with a wider audience.

Keeping members connected

- Create a moderated chat room using a user-friendly platform that members are already familiar with. Participants also expressed an interest in webinars, newsletters, and in-person meetings.
- Create communities of practice, where members can mutually support one another and benefit from their organizations' expertise and that of individuals.
- Create a repository of HiAP-related resources divided into different focus areas. This repository would also include the contact information of members involved in each area. Consider the resources that may be required to keep it up to date.
- Foster commitment from members to post content related to their area of expertise and to participate in discussions in order to sustain engagement in activities.

External communications and relationships

- Establish relationships with actors from other sectors to allow for a deeper understanding of mutual needs and priorities.
- Create spaces for communication with non-members through activities such as CNHiAP webinars or activities organized in conjunction with the Global Network for Health in All Policies (GNHiAP) to help strengthen relationships, while ensuring that some activities remain exclusive to CNHiAP members so as to provide a safe space where more private connections can be made.
- Further develop relationships with academics, as they can provide valuable research-based insights into HiAP practices.

2.3.3 Workstream 3: Support access to, and use of, resources for HiAP and foster knowledge development

Key recommendations for this workstream were centered around resources for thematic priorities that could be curated or developed and around ideas for making these resources available.

Thematic priorities

- Competency development: curate resources with the objective of empowering public health practitioners to promote and develop healthy public policies.
- Monitoring and evaluation: identify/develop key HiAP performance indicators for all levels of government and jurisdictions. When evaluating initiatives, members could select the indicators that best suit their HiAP-related goals.
- Advocacy: develop additional resources/tools to assist public health actors in advocating for HiAP.

Accessibility of resources

- Upload resources onto a portal so that they can be easily accessed by both members and a wider audience.

2.3.4 Workstream 4 (cross-cutting): Explore approaches to ensuring the Network's activities are appropriate, respectful, and relevant for First Nations, Inuit, and Métis governments and organizations

Key recommendations for this workstream were centered around the integration of Indigenous knowledges and methodologies, relationship building, the need for greater cultural competency, and the need to respect data governance principles.

Integration of Indigenous knowledges

- Clarify what HiAP could mean for First Nations, Inuit, and Métis governments and organizations.
- Document and share local HiAP (or HiAP-like) activities occurring within various First Nations, Inuit, and Métis contexts.
- Adopt a distinction-based approach, respecting and acknowledging that First Nations, Inuit, and Métis Peoples have unique cultures, histories, rights, laws, and governments.

Collaboration and relationship building

- Ensure that Network work is beneficial for all partners and that trusting relationships, which require time, are built.
- Advocate, both as individual members and as a Network, for First Nations, Inuit, and Métis health and wellbeing agendas and priorities.

Cultural competency

- Develop a better understanding of First Nations, Inuit, and Métis cultures. This could notably entail creating a cultural competency/safety training section within the repository of HiAP-related resources, or facilitating training for CNHiAP membership.

Data governance

- Advocate for compliance with First Nation principles of data ownership, control, access, and possession (OCAP®[6]).

2.4 Thematic panels and discussions

This section summarizes the main discussions that took place during the thematic panels which were led by members of the Network. Panellists came from different jurisdictions and organizations, and provided different perspectives on HiAP approaches.

- Panel 1: Integrating First Nations, Inuit, and Métis ways of knowing and governing into HiAP approaches;
- Panel 2: Building capacity for policy work;
- Panel 3: Measuring progress and impact of HiAP initiatives;
- Panel 4: Mobilizing knowledge and supporting practice.

PowerPoint presentations from the panels are available online on the Network's webpages at: https://ccnpps-ncchpp.ca/first-meeting-of-the-canadian-network-for-health-in-all-policies-cnhiap/.

[6] For more information on the OCAP® principles, visit: https://fnigc.ca/ocap-training/.

2.4.1 Panel 1: Working towards approaches that integrate First Nations, Inuit, and Métis ways of knowing and governing

In this session, panellists were invited to reflect on how the Network could integrate First Nations, Inuit and Métis ways of knowing and governing into HiAP approaches. More specifically, they were invited to discuss how the Network can align its work with First Nations, Inuit, and Métis health & wellbeing agendas and priorities. The session also addressed possible courses of action for beginning to work collaboratively towards achieving the objective.

Discussions between panellists and participants revolved around the integration of Indigenous knowledges and methodologies, how to build respectful partnerships, developing cultural competency, and the need to respect data governance principles.

Integration of First Nations, Inuit, and Métis knowledges and methodologies

- The understanding of First Nations, Inuit, and Métis holistic visions of health and wellness is key.
- Self-determination is a social determinant of health for First Nations, Inuit, and Métis partners and should be understood as a cross-cutting principle.
- The adoption of a distinctions-based approach is key, given that health conceptualizations, determinants, and priorities differ across First Nations, Inuit, and Métis peoples.
- Indigenous methodologies (techniques and methods) should be mobilized, and using exclusively Western methodologies should be avoided.
- A strength-based approach should be privileged over a deficit-based approach.

Collaboration and relationship building

- Building strong, trusting, and mutually beneficial relationships between Indigenous and non-Indigenous partners is fundamental and requires a substantial investment of time.
- It takes time to get to know who First Nations, Inuit, and Métis people are, understand how they live and work, and learn to respect their different governance structures.

Cultural competency

- Working with First Nations, Inuit, and Métis partners requires a commitment to increasing cultural competency to foster a culturally safe environment.

Data governance

- Any type of work with First Nations, Inuit, and Métis partners requires respect for the principle of First Nations, Inuit and Métis data/knowledge sovereignty.

2.4.2 Panel 2: Public policy competencies and tools: creating capacity for policy work

In this session, panellists were invited to share their professional experiences related to the approaches and tools they have implemented, or are looking to implement, to develop policy competencies within their organization. Panellists were also invited to share how these competencies and tools facilitated implementation of HiAP approaches.

Discussions between panellists and participants revolved around the type of data needed to support policy development and the essential policy-related competencies that public health actors ought to acquire.

Data to support policy development and evaluation

- Data is important for helping illustrate a given policy issue to policy makers, as well as for helping guide selection of the most appropriate policy option for addressing a specific policy problem.
- Data collected within smaller units of analysis (e.g., neighbourhood-level data) provide a more granular assessment of health/health equity. As compared to data collected within larger units of analysis (e.g., city-level data), data collected within smaller units is ideal for evaluating progress.
- Collecting qualitative data, such as data on the lived health/health equity-related experiences of community members is important. This type of data can provide context to quantitative data, better reflect the experience of inequalities by giving a voice to those who experience it, and help to build a stronger narrative for tackling inequality.
- Ongoing data collection allows for integration of newly acquired data (both quantitative and qualitative) into policy development.

Key policy-related competencies

- Effective policy evaluations will assist public health actors in measuring the processes, the outcomes, the impact and/or the cost-benefit of a policy.
- Enhancing the communication skills, advocacy skills, and political acuity of public health actors will help them present convincing narratives that promote HiAP to policy makers and the wider public. Strengthening these competencies may also help secure sustainable funding for HiAP initiatives.
- Recognizing windows of opportunity for policy change will allow public health actors to seize these opportunities.

2.4.3 Panel 3: Measuring progress and impact

In this session, panellists were invited to discuss evaluation of HiAP approaches both in terms of processes and in terms of health and equity outcomes. Specifically, they shared how they were planning on evaluating the progress of their respective HiAP strategies; that is, what they plan to evaluate, what indicators they plan on using, what their monitoring activities will be, and what their timelines are. These questions were asked in a retrospective manner of those who have already started evaluating their HiAP initiatives.

Discussions between panellists and participants revolved around the challenges of HiAP evaluation, the importance of creating a strong narrative, and the potential role of the Network in supporting capacity development in this area.

Evaluating impact and processes

- Demonstrating the causal relationship between the implementation of a HiAP initiative and its impact on health/equity outcomes can be challenging. This difficulty notably stems from the fact that there are several interventions occurring simultaneously within the same setting, increasing the difficulty of pinpointing the causal link between the HiAP initiative and the outcomes. The impact of HiAP is also difficult to articulate and demonstrate given the complexities relating to measuring the counterfactual (e.g., what would have happened without implementation).
- It is important to ensure that there is early and ongoing monitoring of the progress of initiatives. Early measurement and continuous tracking of progress are key to providing data on short- and medium-term results, which is often missing and easier to produce than long-term impact data. Measuring progress is vital to maintaining political will and public support for HiAP.
- Given the challenges related to evaluating the impacts of HiAP on health and equity outcomes, evaluating processes can provide insightful data. Process evaluation can throw light on what strategies have facilitated intersectoral action and on how they have been implemented.
- Evaluation data can be useful for creating a convincing narrative. Developing a strong narrative to influence decision makers is key, and this narrative should include both real-life stories experienced by community members and health/health equity quantitative data. The combination of both lived experience and quantitative data is important, as the latter may be insufficient to ensure that outcomes of HiAP initiatives are given adequate visibility. Based on the experience of some of the panellists and participants, certain decision makers outside of the public health field are more influenced by real-life stories than by the presentation of data alone.

The role of the Network

- Consider adding an impact/process tracking component to the Network's workstreams. This would help ensure that the outcomes of HiAP initiatives are given adequate visibility, throughout all stages of implementation.
- Showcase experiences from various initiatives, demonstrating how they measured progress.

2.4.4 Panel 4: Research & practice: mobilizing knowledges and supporting practice

In this session, panellists were invited to reflect on how data produced by researchers can support the work of public health practitioners and how public health practitioners can help inform research agendas. Researchers discussed their latest research projects and outlined how these projects fit within the scope of HiAP research. Building on the perspective of the knowledge user, public health practitioners discussed what knowledge has been useful for implementation, how it has been used, and which areas of implementation would benefit from additional research. This session also aimed to identify potential synergies between research and practice that can be facilitated through the Network.

Discussions between panellists and participants revolved around ways in which collaboration between researchers and public health practitioners could be optimized and around what the Network can do to support this collaboration.

Maximizing synergies between researchers and public health practitioners

- Timing is essential to practitioners: sharing the relevant research-derived data at the right time is key.
- Synthesis and mobilization of economic data is needed to help bolster public health practitioners' HiAP advocacy efforts and would help increase public understanding of the importance of investing in the social determinants of health. Greater public awareness of the benefits of investing in the social determinants of health may translate into greater public acceptability for HiAP approaches.
- Research should shift the focus from documenting the negative health/health equity consequences of policy inertia to conducting prospective health impact assessments (HIA) related to HiAP implementation. HIA data is particularly important for public health practitioners, who present this data to policy-makers and members of the public.
- Knowledge relating to the mechanisms underpinning HiAP implementation needs to be expanded. This knowledge could serve as a means by which to measure intermediate outcomes.

- Tools and models that are easily accessible to public health practitioners should continue to be developed (e.g., frameworks and policy briefs).
- Strengthening public health practitioners' competencies is important; namely competencies relating to leadership, partnership development, and collaboration.

The role of the Network

- Ensure that the data produced by researchers is easily accessible to public health practitioners. Enhanced data communication can be facilitated through in-person events (convening various public health practitioners and researchers), by the development of online collaborative platforms (e.g., virtual workspaces and forums), through online presentations or webinars that facilitate the sharing of experiences, and by fostering close collaborations among various interested parties (e.g., public health actors, health economists, researchers, etc.).
- Support members in leveraging research funding to produce data demonstrating that actions to address the social determinant of health have a direct impact on the health and wellbeing of the population. This could help demonstrate that social and economic levers lying outside of the Health sector have deep and broad impacts on health outcomes.

2.5 Priorities and expectations for the Network in the upcoming year

This session invited participants to discuss the Network's priorities for the upcoming year, what they were hoping to gain as members, and how the Network could assist in fulfilling these expectations.

Key recommendations to the Network from this discussion were centered around membership, connectivity among members, and work priorities.

Membership

- Ensure greater inclusion within the Network by increasing the pan-Canadian geographical representation of members.
- Discuss within the Steering Committee the desirable size of the Network and future membership criteria. A suggestion was made to continue limiting membership to public health actors in an initial phase, but it was noted that once the direction of the Network is better defined, it would be interesting to add actors from sectors outside of public health.
- Ensure connectivity among members by creating a virtual forum dedicated to sharing knowledge and fostering connections between members. This forum could be subdivided into specific areas of focus, and include contact information for Network members engaged in each specific area.

- Organize in-person meetings to help strengthen relationships between members and keep the momentum going for HiAP initiatives. It was suggested that members help facilitate the organization of future meetings/events in their jurisdictions.
- Foster more extensive connections with First Nations, Inuit, and Métis partners. More in-depth discussions will help strengthen relationships and ensure that the Network's activities are aligned with First Nations, Inuit, and Métis needs and priorities.

Work priorities

- Establish a work plan that helps identify key tasks, responsibilities, and timelines to jump-start the activities of the Network. Once the work plan is established, working groups ought to be created to ensure the advancement of the Network's objectives.
- Discuss how the Network can help champion HiAP promotion efforts across Canada.
- Design a multi-pronged communication strategy to reach out to different types of audiences, including actors from both public health and other sectors, decision makers, and a larger public that could be interested in this type of approach.

3 CONCLUSION

Overall, the meeting allowed inaugural members to meet and engage in formal and informal conversations, exchange ideas and expertise, and start relevant discussions aimed at supporting HiAP implementation across Canada. It also confirmed work priorities for the Network, and helped identify best practices for collaborative work and potential key areas for capacity building. This was a first step towards the collective work the Network wishes to facilitate and support. The NCCHPP will work with the Steering Committee to review all the feedback and the expressed needs of members and will identify priority areas for action and incorporate them into the Network's work plan.

4 REFERENCES

Baum, F., Lawless, A., & Williams, C. (2013). Health in All Policies from international ideas to local implementation: policies, systems and organizations. In C. Clavier & E. de Leeuw (Eds.). *Health Promotion and the Policy Process* (p. 188-217). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199658039.003.0010

World Health Organization (WHO). (n.d.). *Promoting Health in All Policies and intersectoral action capacities*. https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities

World Health Organization (WHO). (2014). The Helsinki Statement on Health in All Policies. *Health Promotion International, 29*(Suppl 1), i17-i18. https://doi.org/10.1093/heapro/dau036

APPENDIX 1 LIST OF STEERING COMMITTEE MEMBERS[7]

Horacio Arruda, Assistant Deputy Minister, Public Health Division, ministère de la Santé et des Services sociaux, Québec.

Carole Clavier, Professor and PhD Program Director, Department of Political Science, Université du Québec à Montréal (UQAM).

Kelsey Lucyk, Acting Manager of Intersectoral Partnerships and Initiatives, Public Health Agency of Canada.

Cory Neudorf, Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan; President, Urban Public Health Network.

Laura Lee Noonan, Manager of Health Promotion, Chief Public Health Office, Department of Health and Wellness, Government of Prince Edward Island.

Addie Pryce, Vice President, Aboriginal Partnerships, Interior Health.

Samantha Salter, Acting Supervisor, Territorial Epidemiologist Team, Health and Social Services, Government of Yukon.

Juan Gabriel Solórzano, Executive Director, Population Health, Vancouver Coastal Health.

Ketan Shankardass, Associate Professor, Department of Health Sciences, Wilfrid Laurier University.

Gail Turner, Former Director, Health Services, Nunatsiavut Government, Northern Labrador.

Eduardo Vides, Special Projects and Partnership, Métis National Council.

Jason Weppler, Program Manager, Grey Bruce Health Unit.

[7] List of Committee members at the time of the event (September 2023).

APPENDIX 2 MEETING AGENDA

FIRST NETWORK MEETING

Working Together for Population Health and Health Equity

September 19-20, 2023

Hôtel Alt Montréal

120 Peel Street, Montréal, QC
Room: Rose-Fuchsia (7th Floor)

PROGRAM

Day 1 – Tuesday, September 19	
8:00 - 8:30	**Breakfast** Foyer 2, in front of the Rose-Fuchsia room
8:30 - 9:00	**Opening ceremony** Tealey Ka'senni:saks Knowledge Keeper
9:00 - 9:15	**Greetings and opening remarks** Marianne Jacques, Acting Scientific Lead, NCCHPP; CNHiAP Chair
9:15 - 10:30	**Meet & greet** **Facilitation: Horacio Arruda, Assistant Deputy Minister, Public Health Division, ministère de la Santé et des Services sociaux** In this session, we will invite participants to introduce themselves through an interactive icebreaker activity.
10:30 - 10:50	**Snack & chat** Foyer 2, in front of the Rose-Fuchsia room
10:50 - 12:00	**The Canadian Network for Health in All Policies (CNHiAP): Collaborating for Population Health and Health Equity** **Facilitation: CNHiAP Secretariat** **Network background and context** **Panellists: CNHiAP secretariat**

In this session, we will contextualize the development and launch of the CNHiAP. Building from the main conclusions and areas of action identified in the pan-Canadian meeting for HiAP in 2019 in Québec City, we will follow the process that led to the development of the foundations of the Network. At the end of the session, participants will have a better understanding of the priorities that guided the drafting of the Network's mandate and its proposed workstreams.

- Note: foundational and contextual documents for the Network will be shared with attendees in advance.

Challenges of the HiAP Approach

After introducing the Network, this brief presentation will address some of the main challenges of the HiAP approach and how these can affect its implementation.

Panellist:

- Carole Clavier, Professor, Department of Political Science, UQAM

12:00 - 13:15 Lunch

Foyer 2, in front of the Rose-Fuchsia room

13:15 - 14:00 Digest & discuss

Facilitation: CNHiAP Secretariat & NCCHPP team

After having introduced the Network's mandate and priority areas of work, this session will invite participants to discuss the set priorities, workstreams, and potential contributions to the streams based on their expertise, experience, and/or interest. At the end of the session, participants will have provided feedback to the Secretariat on the selected work priorities, potential activities, and areas where they wish to contribute.

14:00 - 15:00 Panel I – Conceptions of Health and Wellbeing & HiAP: Working Towards Approaches that Integrate First Nations, Inuit, and Métis Ways of Knowing and Governing

Facilitation: Samantha Salter, Acting Supervisor, Territorial Epidemiologist Team, Health and Social Services, Government of Yukon

In this session, panellists will reflect on how we can align our work as a network with First Nations, Inuit, and Métis health and wellness agendas and priorities. By the end of the session, participants will be better equipped to identify possible courses of action to start working collaboratively towards this goal.

Panellists:

- Becky Carpenter, Policy Analyst, First Peoples Wellness Circle (FNWC)
- Gail Turner, Former Director (retired), Health Services, Nunatsiavut Government, Northern Labrador
- Eduardo Vides, Senior Health Advisor - Special Projects and Partnership, Métis National Council

15:00 - 15:20 Snack & chat

Foyer 2, in front of the Rose-Fuchsia room

15:20 - 16:35 Panel II – Public Policy Competencies and Tools: Creating Capacity for Policy Work

Facilitation: Val Morrison, Scientific Advisor, NCCHPP

In this session, panellists will share their professional experiences. What competencies have they developed in their team for policy work? Which tools? How did these competencies and/or tools facilitate implementation? Which ones are they seeking to develop or implement? By the end of this session, participants will have been introduced to some ways in which the Network can support its members on how to "do" policy work, enabling them to better respond to the questions: "What do we need to know about policy? How do we go about working on policy?"

Panellists:

- Patsy Beattie-Huggan, Coordinator, Atlantic Summer Institute on Healthy and Safe Communities (ASI)
- Gillian Connelly, Program Manager, Supportive Healthy Environments, Ottawa Public Health
- Cory Neudorf, Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan; President, Urban Public Health Network
- Juan Gabriel Solórzano, Executive Director, Population Health, Vancouver Coastal Health

16:35 - 16:45 Day 1 wrap-up

18:00 - 19:30 Networking cocktail

Hôtel Alt Terrace, 7th Floor

Day 2 – Wednesday, September 20	
8:30 - 9:00	**Breakfast** Foyer 2, outside the Rose-Fuchsia room
9:00 - 9:15	**Welcome and objectives for day 2** Marianne Jacques, Acting Scientific Lead, NCCHPP, CNHiAP Chair Addie Pryce, VP Aboriginal Partnerships, Interior Health, Network Co-Chair
9:15 - 10:30	**Panel III – Measuring Progress and Impact** **Facilitation: Ketan Shankardass, Associate Professor, Department of Health Sciences, Wilfrid Laurier University** **Nicole Bernier, Expert Scientific Advisor, NCCHPP** In this session, panellists will share their professional experiences. How have they planned to evaluate the progress of their HiAP strategy? What is to be evaluated, and how? What are some of the indicators, monitoring activities, and timelines? Have panellists found ways to assess the impact of their strategies on population outcomes? By the end of the session, participants will have started a discussion on measuring progress for HiAP on two fronts: (1) the process of implementing a HiAP strategy; and (2) impacts on health and wellbeing outcomes. Also, participants will have identified possible courses of action by which the Network may support its members to better measure progress. **Panellists:** - Horacio Arruda, Assistant Deputy Minister, Public Health Division, Ministère de la Santé et des Services sociaux - Jennifer Heatley, Executive Director, Solution 6 – Action for Health, Government of Nova Scotia - Kelsey Lucyk, Acting Manager of Intersectoral Partnerships and Initiatives, Public Health Agency of Canada - Jodi Mucha, Executive Director, BC Healthy Communities Society (BCHC), British Columbia
10:30 - 11:00	**Hotel checkout, snack & chat** Foyer 2, in front of the Rose-Fuchsia room

11:00 - 12:00 Panel IV – Research & Practice: Mobilizing Knowledges and Supporting Practice

Facilitation: Cory Neudorf, Professor, Department of Community Health and Epidemiology, University of Saskatchewan; President, Urban Public Health Network
Florence Morestin, Acting Coordinator and Scientific Advisor, NCCHPP

In this session, a panel of researchers and practitioners will start a conversation to reflect on how research can support practice and at the same time benefit from practitioners' experience. Researchers will be invited to present their latest research projects and discuss how these fit within Health in All Policies (HiAP)/HiAP-related research. The practitioner will speak from the perspective of the knowledge user, highlighting what knowledge has been useful for implementation, how it has been used, and which areas of implementation would benefit from research. By the end if this session, participants will have identified potential synergies between research and practice that can be facilitated through the Network.

Panellists:

- Paul Kershaw, Associate Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia (UBC)
- Mathieu Masse Jolicoeur, Agent de planification, de programmation et de recherche, Direction régionale de santé publique CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- Ketan Shankardass, Associate Professor, Department of Health Sciences, Wilfrid Laurier University

12:00 - 13:15 Lunch

Foyer 2, in front of the Rose-Fuchsia room

13:15 - 14:15 Assessing How the Network Can Support You and Your Organization

Facilitation: Network Secretariat and NCCHPP Team

In this session, we will invite participants to reflect on what they are hoping the network can do for them and on the specific needs we might help to support. By the end of the session, the Secretariat will have the necessary feedback on members' expectations and needs to plan how to move forward and to identify the key areas of support to be developed by the Network.

14:15 - 14:45 The Way Forward: Visualising the Future

Facilitation: Addie Pryce, VP Aboriginal Partnerships, Interior Health, Network Co-Chair

In this last session, we will invite participants to project themselves into the near future. The facilitator will share a wish with the group, to continue the collective work supported by the Network. They will then ask participants to share their own wishes.

14:45 - 15:00 Conclusions and closing remarks

Marianne Jacques, Acting Scientific Lead, NCCHPP, CNHiAP Chair

Addie Pryce, VP Aboriginal Partnerships, Interior Health, Network Co-Chair

15:00 - 15:15 Closing ceremony

Tealey Ka'senni:saks
Knowledge Keeper

APPENDIX 3 PROFILE OF PARTICIPANTS

The first CNHiAP meeting brought together the inaugural members of the Network, all of them interested in advancing the practice of HiAP in Canada. Members came from federal, provincial, territorial, regional and municipal governments, from Indigenous organizations and/or governments, academia and non-governmental organizations.

Twenty-four out of the twenty-nine inaugural members attended the meeting. Members were joined by representatives from the other five National Collaborating Centres (NCCs) for Public Health and by staff from the NCCHPP. Members came from across the country (Alberta, British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Québec, Saskatchewan and the Yukon).

To learn more, visit **ncchpp.ca**

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